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IOWA DEPARTMENT OF PUBLIC HEALTH  
*Protecting and Improving the Health of Iowans*

# INTRODUCTIONS

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- Iowa Department of Public Health
- Division of Behavioral Health, Bureau of Substance Abuse
- Jennifer Robertson-Hill, LMHC [Jennifer.robertson-hill@idph.iowa.gov](mailto:Jennifer.robertson-hill@idph.iowa.gov)
  - Manage several federal discretionary grants (SAMHSA and OWH)
  - Licensed mental health clinician and experienced alcohol and drug counselor
  - Experience: integration of healthcare, pregnant and postpartum care, opioid use disorder care (MAT)

# \*Disclaimer and Disclosures

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- The content of this presentation is for informational purposes and does not represent legal or medical advice.
- We are licensed employees of IDPH, with experience in the prevention and treatment of substance use disorders.
- We have no financial or other conflicts of interest.

# Objectives

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## **Objectives:**

**After completing the training, the participant will:**

1. Identify an evidence based strategy to screen and address substance misuse
2. List strategies for improving the engagement of individuals in substance use disorder services
3. Identify resources for behavioral health.

# Substance Use as a Public Health Issue



# Why is Substance Use a Public Health Issue?

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Substance use has significant impacts on health (both on the brain and the different systems of the body)

- Substance use can impact mental health and physical health leading to significant costs for the individual, families and communities in which people live
  - Substance use during pregnancy and parenting can impact the health and ACES of children
  - Impacts of exposure to an individual using a substance such as second or third hand smoke
  - Increased spread of infection diseases
  - Increased risk of motor vehicle accidents

Previous approaches such as criminalization are not effective at ceasing the public and personal impacts of substance use

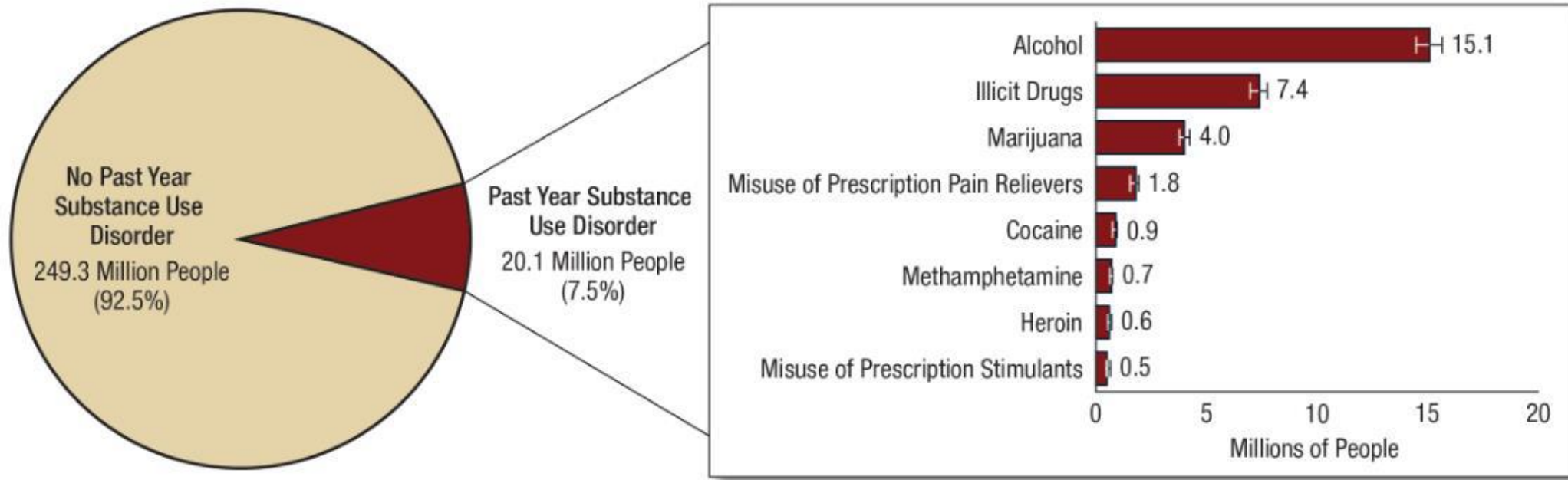
# Costs of Substance Use

## Costs of Substance Abuse

Abuse of tobacco, alcohol, and illicit drugs is costly to our Nation, exacting more than \$740 billion annually in costs related to crime, lost work productivity and health care.\*\*

	Health Care	Overall	Year Estimate Based On
Tobacco <sup>1,2</sup>	\$168 billion	\$300 billion	2010
Alcohol <sup>3</sup>	\$27 billion	\$249 billion	2010
Illicit Drugs <sup>4,5</sup>	\$11 billion	\$193 billion	2007
Prescription Opioids <sup>6</sup>	\$26 billion	\$78.5 billion	2013

# Prevalence of SUD in the General US Population in 2016



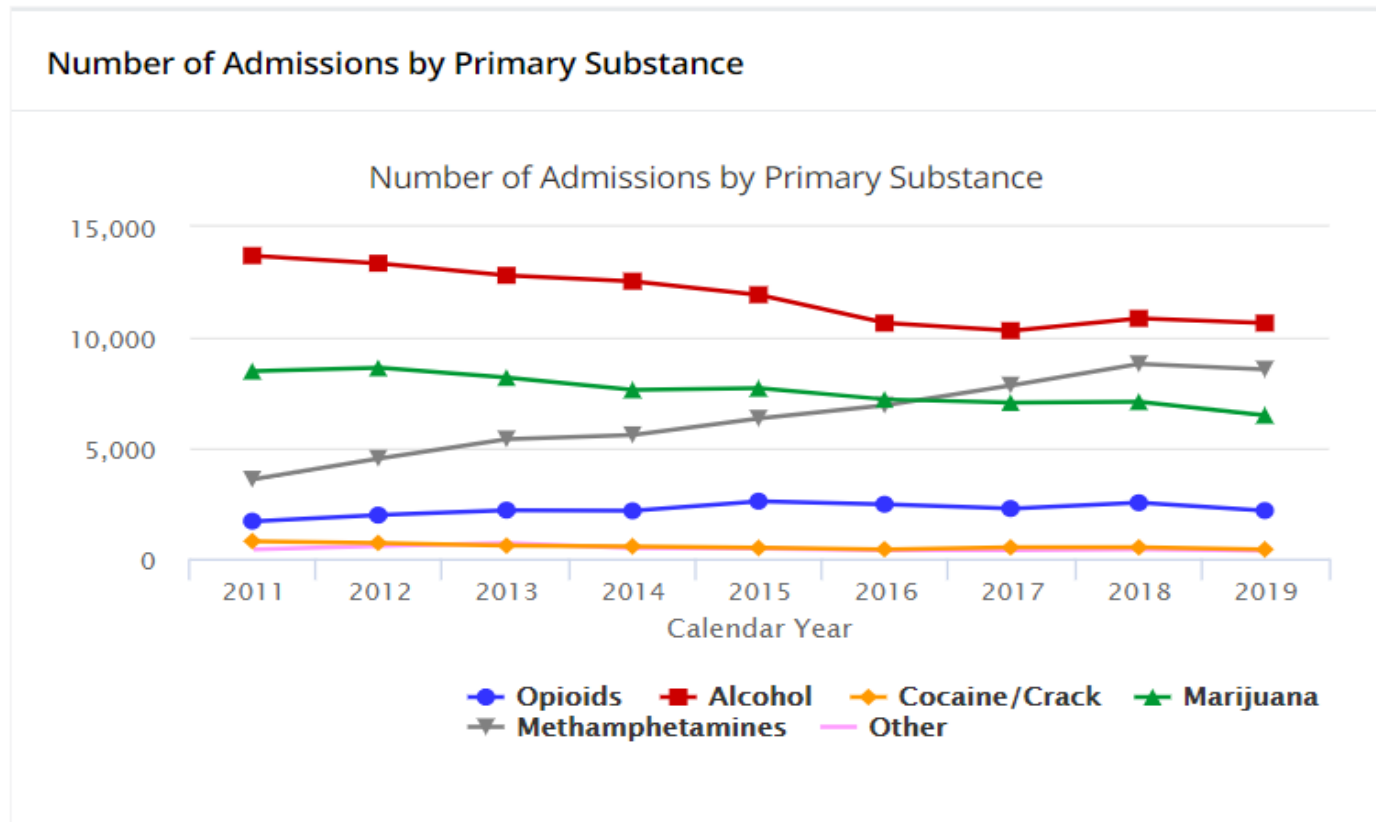


# Prevalence of SUD in the General US Population in 2019

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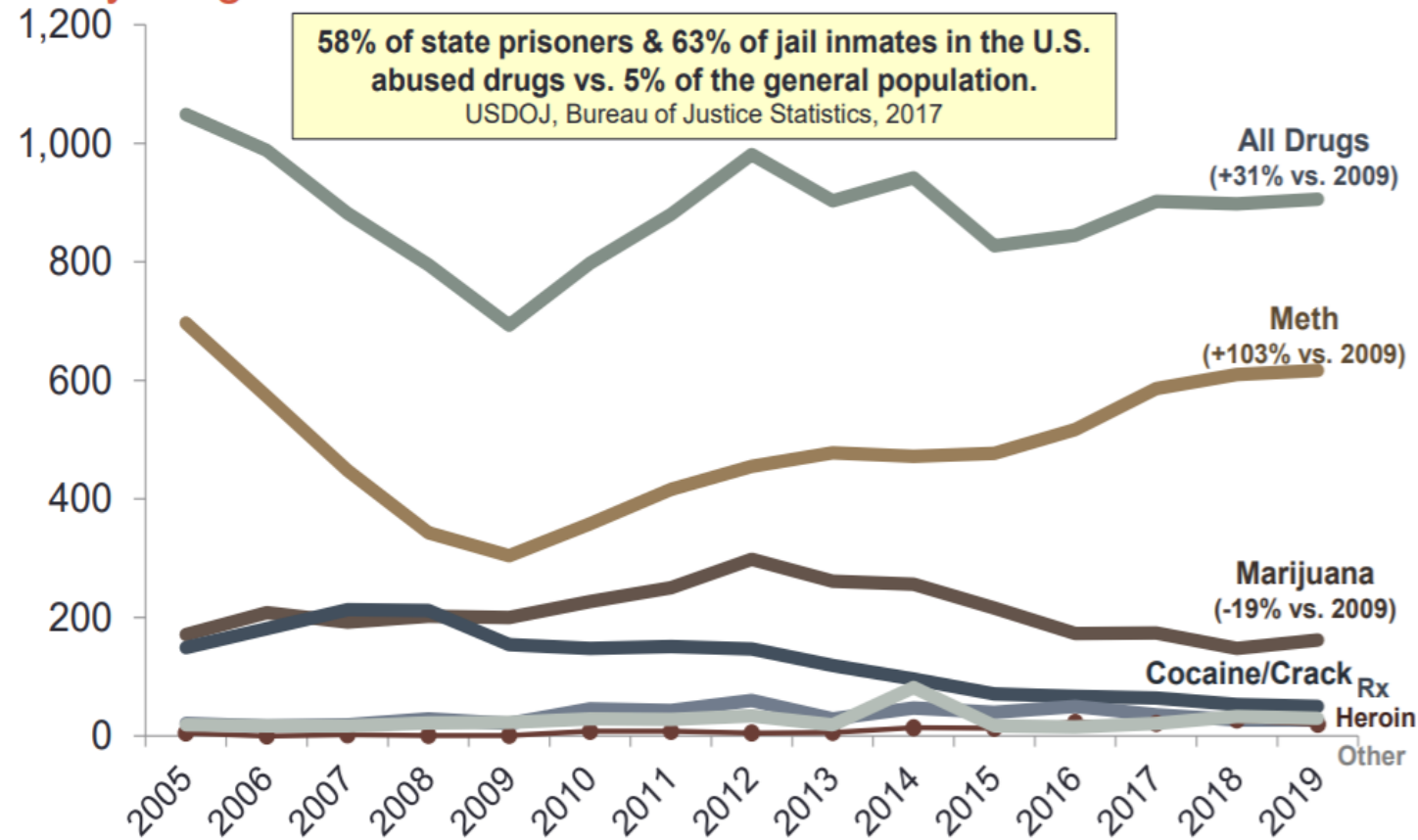
[Video of 2019 presentation by Dr. Elinore F. McCance-Katz](#)

# Substance Use as a Public Health Issue in Iowa



# Iowa “Drug-Related” Prison Admissions

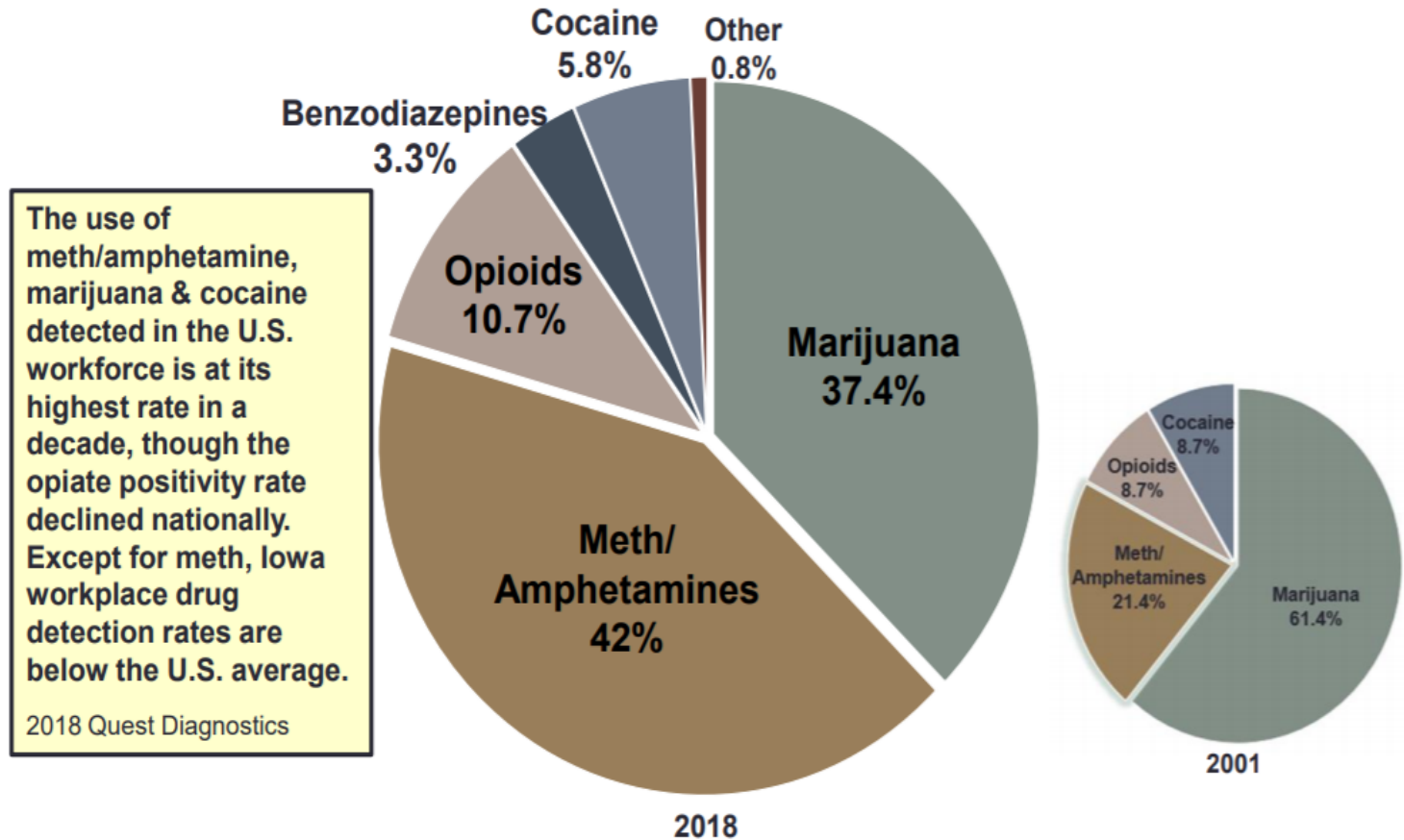
## Primary Drug Involved



Iowa Justice Data Warehouse, 2019

# Iowa's Workplace

Small Sample of Positive Drug Tests Reported 2018 vs. 2001 (% of Total)



Iowa Department of Public Health, 2019

# A Public Health Emergency

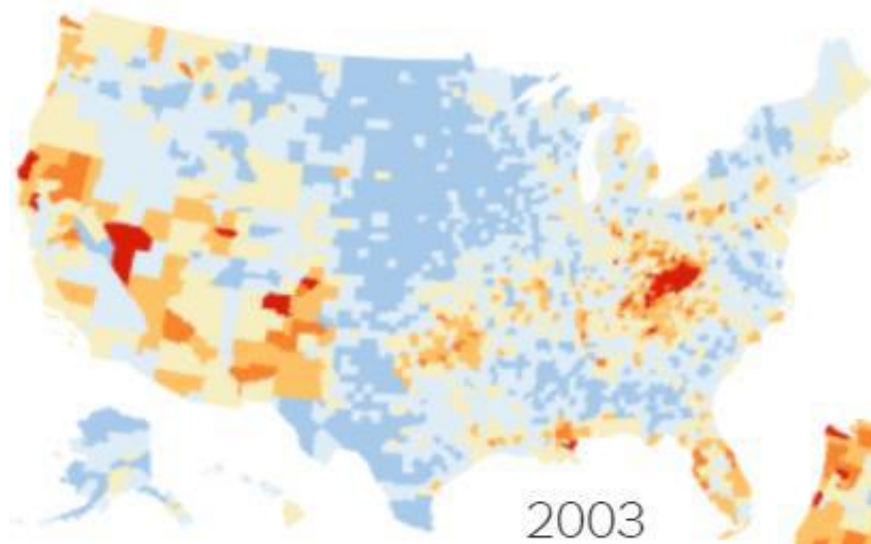
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Opioid use is a public health crisis with devastating consequences

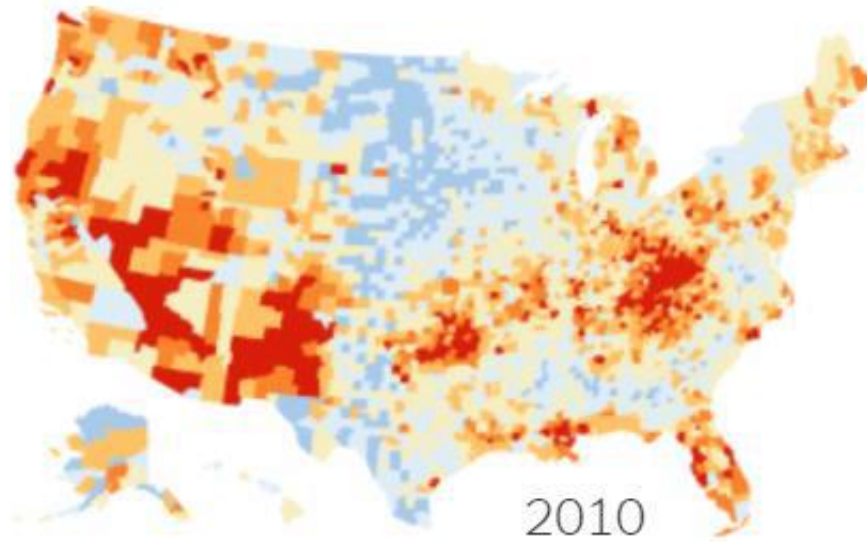
- Increases in opioid overdoses and related deaths
- Increases in Neonatal Abstinence Syndrome
- Increases in the spread of Hepatitis C

## How the Epidemic of Drug Overdose Deaths Rippled Across America

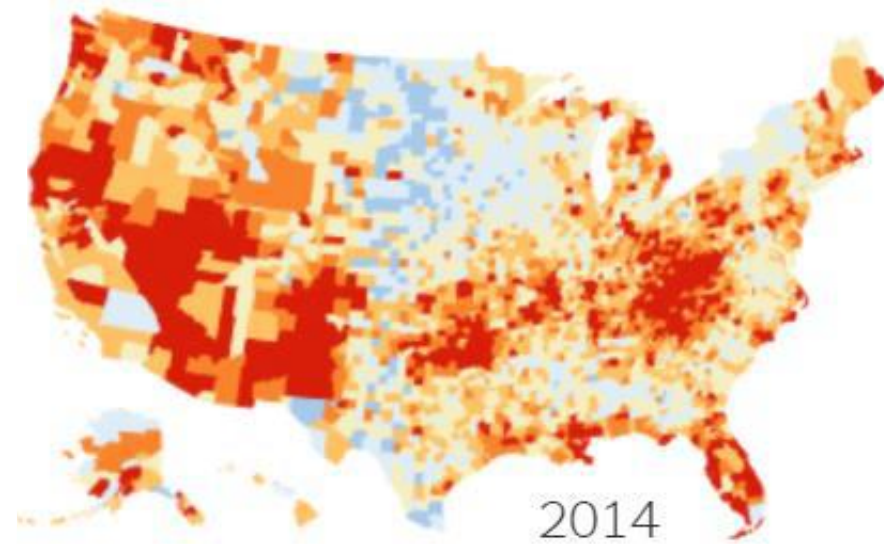
Overdose deaths per 100,000



2003



2010



2014



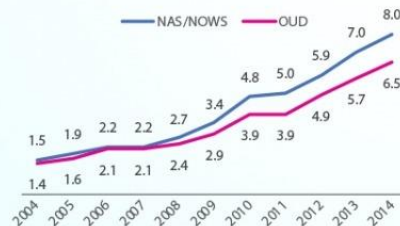
## DRAMATIC INCREASES IN MATERNAL OPIOID USE DISORDER AND NEONATAL ABSTINENCE SYNDROME

Opioid use during pregnancy can result in a drug withdrawal syndrome in newborns called **neonatal abstinence syndrome**, or **neonatal opioid withdrawal syndrome** (NAS/NOWS), which causes **costly** hospital stays. A recent analysis showed that an estimated **32,000** babies were born with this syndrome in the United States in 2014, a more than **5-fold increase** since 2004.

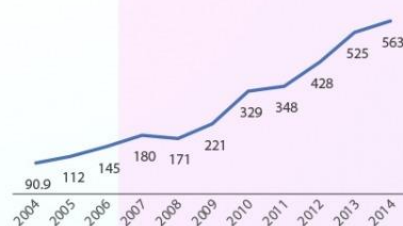


**EVERY ~ 15 MINUTES,  
A BABY IS BORN SUFFERING  
FROM OPIOID WITHDRAWAL.**

**NAS/NOWS and Maternal  
Opioid Use Disorder on the Rise**  
Rates per 1,000 Hospital Births



**Growing Hospital Costs for  
Treatment of NAS/NOWS**  
Inflation-Adjusted U.S. Dollars (millions)



Honein et al. Pediatrics 2019, Winkelman et al. Pediatrics 2018, Haight et al. MMWR 2018.

There has been a rising incidence of Neonatal Abstinence Syndrome (NAS) due to opioid use and misuse during pregnancy.

NAS is withdrawal that occurs primarily among opioid-exposed infants shortly after birth (tremors, hyperactive reflexes, seizures, high-pitched crying, poor feeding, slow weight gain, breathing problems).

For more info about NAS, visit [here](#) or [here](#).



DRUGABUSE.GOV

# Hepatitis C and Injection Drug Use

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An increase in injection drug use has contributed to the spread of infectious diseases like Hepatitis C and HIV

- In 2014, there were over 30,000 new cases of Hepatitis C in the United States, an increase from an estimated 16,500 new cases in 2011. Today, new Hep C cases are 4x as high as they were 10 years ago.
- The number of new Hepatitis C infections has increased nationally, with 30 states reporting increases of more than 200% compared with cases reported during 2010-2014
- Most new Hepatitis C cases are among people who inject drugs (PWID)
- 4 in 10 people with Hepatitis C do not know they are infected
- CDC now recommends testing for all adults.

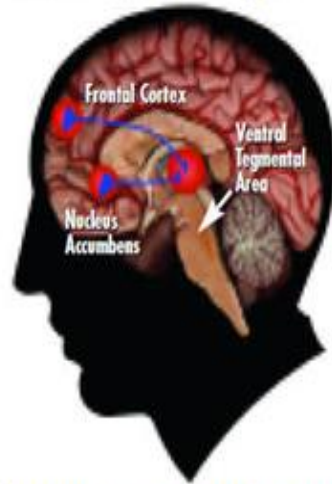
(Click [here](#) to learn more about the CDC's goal to reduce new Hepatitis C virus infections)

# National Geographic: “Opioids in the Brain”

# NIDA

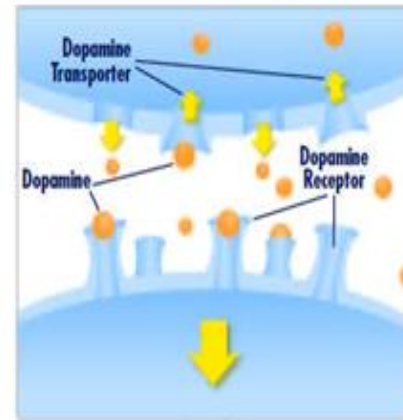
## DRUGS OF ABUSE TARGET THE BRAIN'S PLEASURE CENTER

### Brain reward (dopamine) pathways



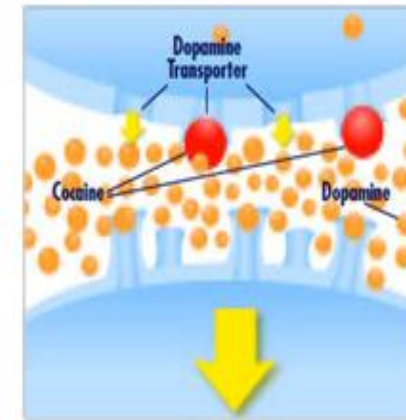
These brain circuits are important for natural rewards such as food, music, and sex.

### Drugs of abuse increase dopamine



FOOD

Typically, dopamine increases in response to natural rewards such as food. When cocaine is taken, dopamine increases are exaggerated, and communication is altered.



COCAINE

# False: dependence vs. addiction

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## PHYSICAL DEPENDENCY:

“Physical dependence can happen with the chronic use of many drugs—including many prescription drugs, even if taken as instructed. Thus, physical dependence in and of itself does not constitute addiction, but it often accompanies addiction. This distinction can be difficult to discern, particularly with prescribed pain medications, for which the need for increasing dosages can represent tolerance or a worsening underlying problem, as opposed to the beginning of abuse or addiction.”

([NIH](#))

## ADDICTION (SUBSTANCE USE DISORDER):

“Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”

([ASAM](#))

# Health Equity



# Public Health and Health Equity

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“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

- Robert Wood Johnson Foundation

[How does health inequity impact health?](#) (3 minute video)

[How do we impact health inequity as health care providers?](#) (access to services; removing barriers; using appropriate and applicable language)

# Equality and Equity are not the same.

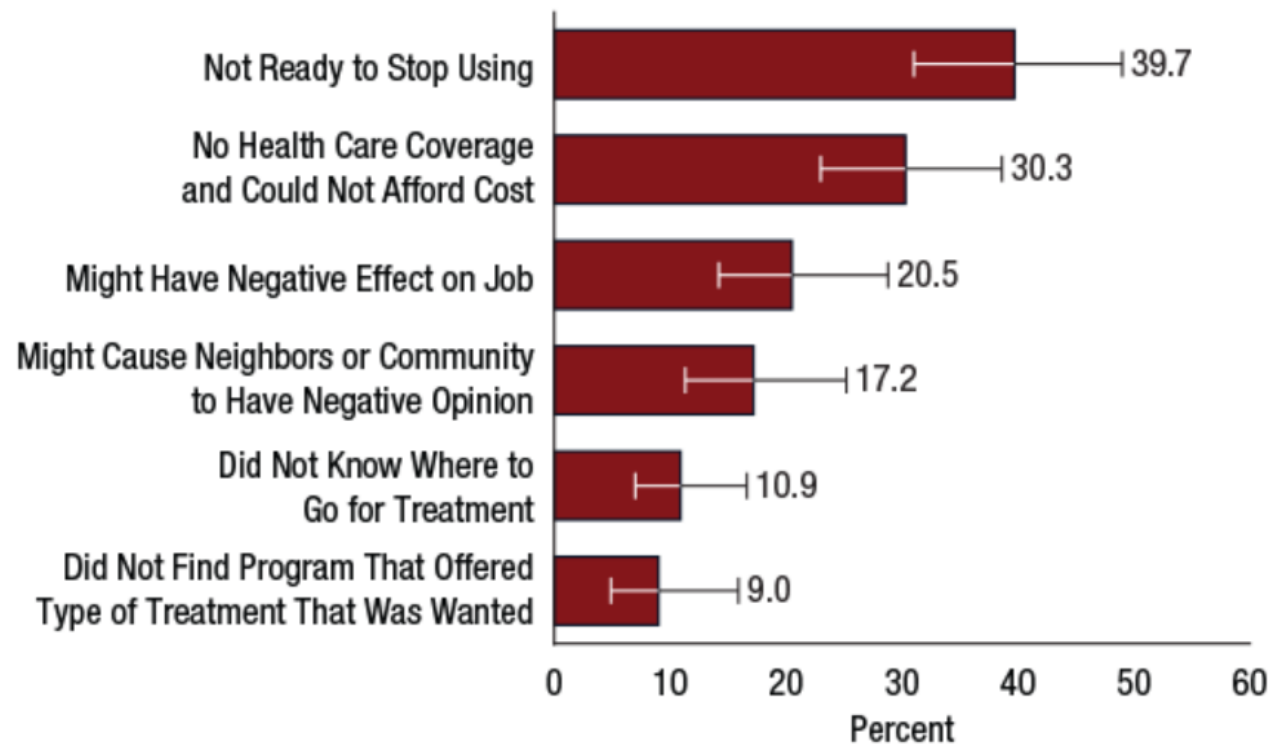
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# Barriers to Treatment

# Barriers to Treatment

**Figure 67. Reasons for Not Receiving Substance Use Treatment in the Past Year among People Aged 12 or Older Who Felt They Needed Treatment in the Past Year: Percentages, 2017**



For more information about further barriers to offering comprehensive treatment services visit [here](#).

Note: Respondents could indicate multiple reasons for not receiving substance use treatment; thus, these response categories are not mutually exclusive.

# Language Matters: Language Influences Perceptions and Changes Approaches

## Language of Addiction. Why Words Matter.

Many people who are unfamiliar with Substance Use Disorder (SUD), may find themselves unintentionally using **words** that **perpetuate** negative **stigmas**. These words shape the opinions of others, **reinforce** longstanding **stereotypes**, and have been found to adversely **affect** quality of care and **treatment outcomes**. They may also deter help-seeking among those with substance use disorders **and** their **families**.



Remember, people are more than their health problems. Substance Use Disorder does not describe what a person is, but rather describes what a person has.

### REPLACE

### USE

Addict, Abuser, Junkie, User

Clean sample, Dirty drug test

Staying Clean

Habit or Drug Habit

Opioid Replacement or  
Methadone Maintenance

Binge Drinking

Suffering from/a victim of a  
mental illness



Person with a Substance Use  
Disorder

Negative test, Positive test

Maintaining Recovery, Substance-  
Free

Substance Use Disorder,  
Substance Use

Treatment, Medication-  
Assisted Treatment,  
Medication

Heavy Alcohol Use

Experiencing/being treated  
for/a diagnosis/history of  
mental illness

# Myths or Facts: Group Processing of the Why?

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1. Allowing the body to naturally detoxify itself is good in theory, but without proper physical nutrition and trained counseling the result may be a state worse than before.
2. Opioids are the most effective chronic pain drug.
3. You always know when someone is using substances.
4. Addiction/Substance Use Disorder is just a psychological disorder.
5. It's okay to call people with use disorder: “addicts” “users” “junkies.”



# Opioids and other substance use in Iowa



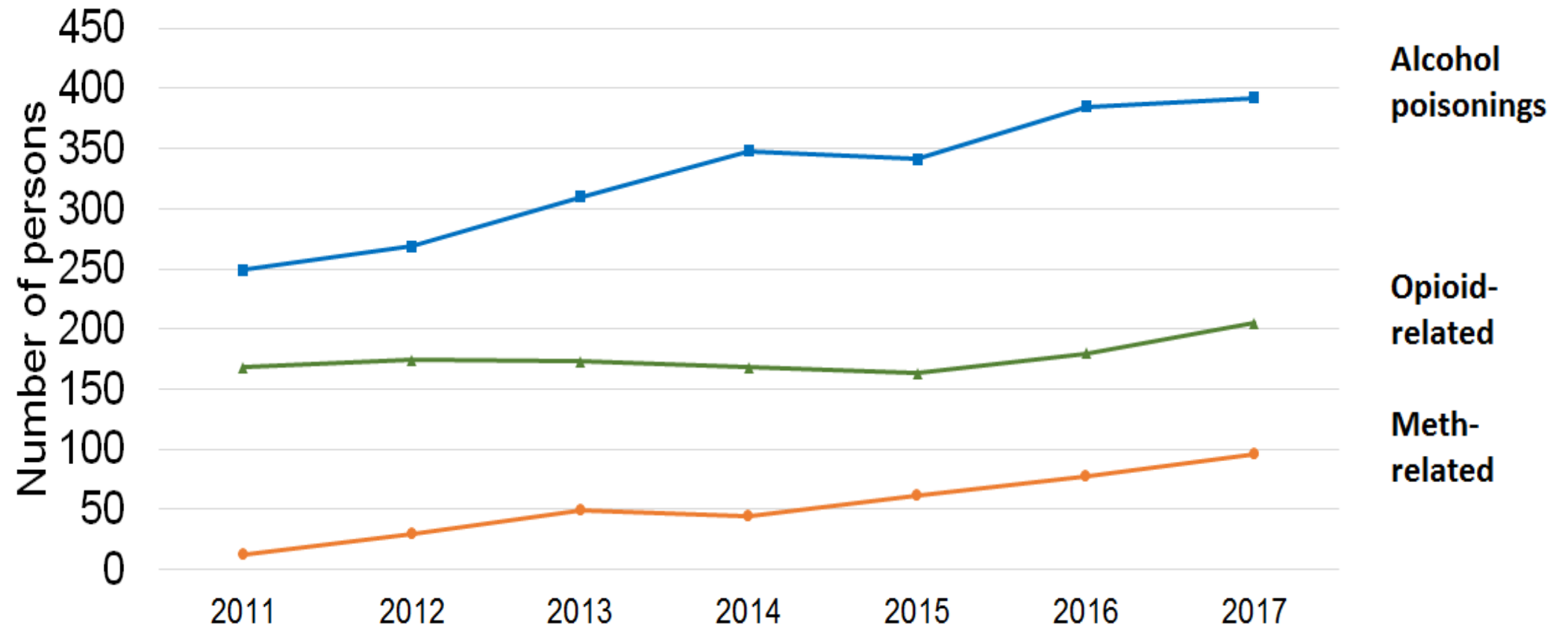
# The Issue in Iowa

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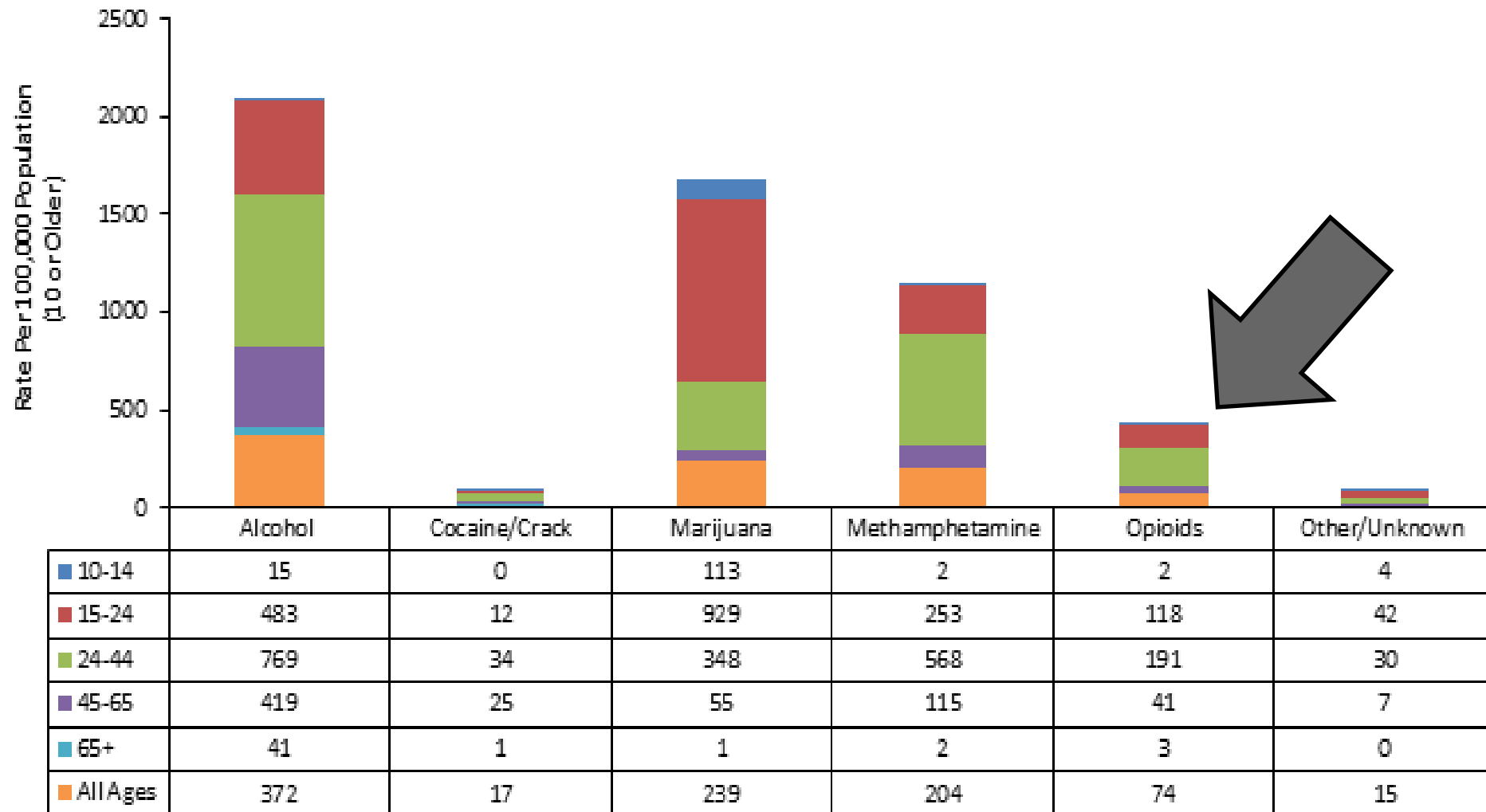
In Iowa, from 1999 to 2016:

- Over 3,300 Iowans have died from a drug overdose
- Over 900 Iowans have died from an opioid overdose
- Over 1,900 Iowans have died from an opioid related death
- Admissions to treatment for an Opioid Use Disorder has tripled

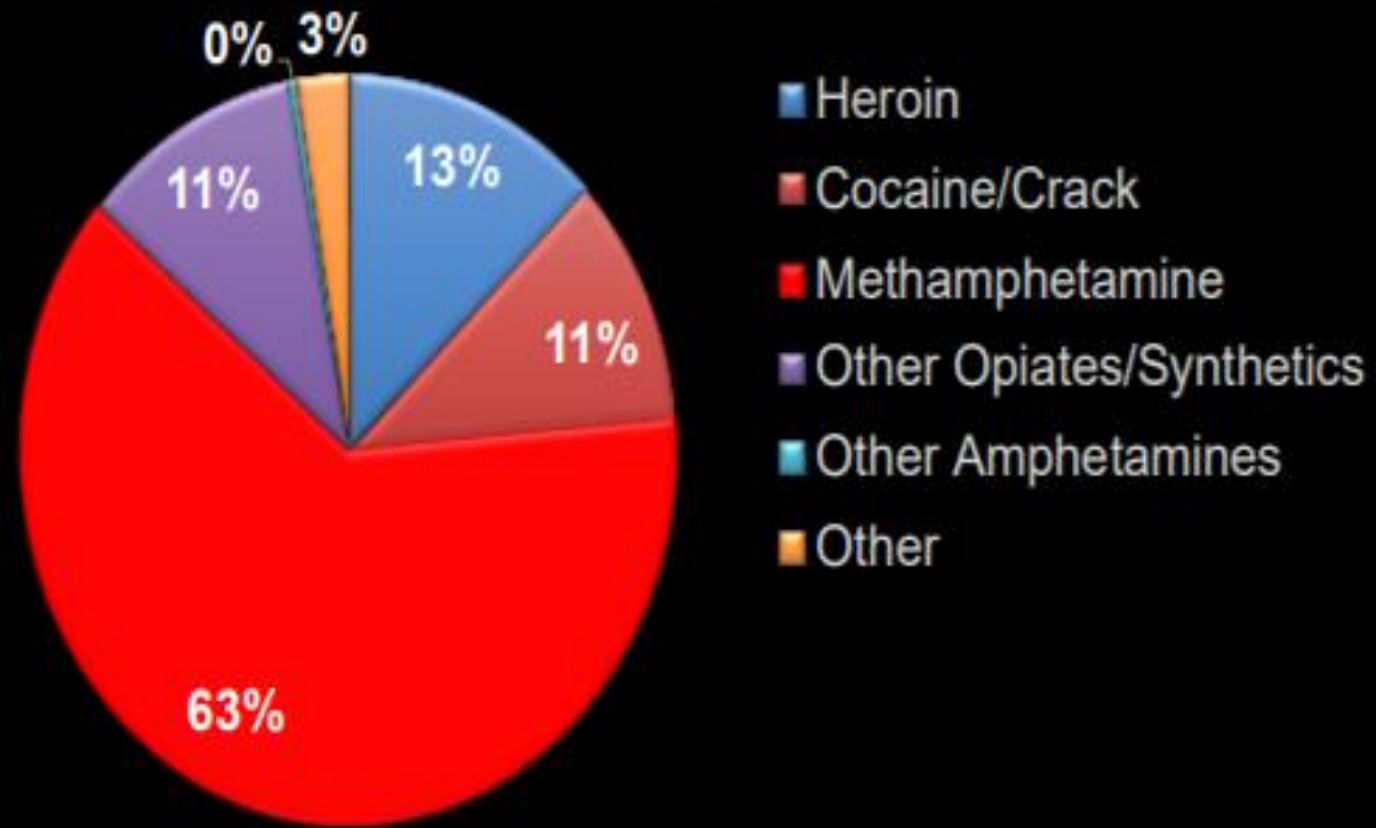
# Iowa - Deaths Due to Substance Use



# Iowa Rate of Treatment Admissions by Substance Type/Age

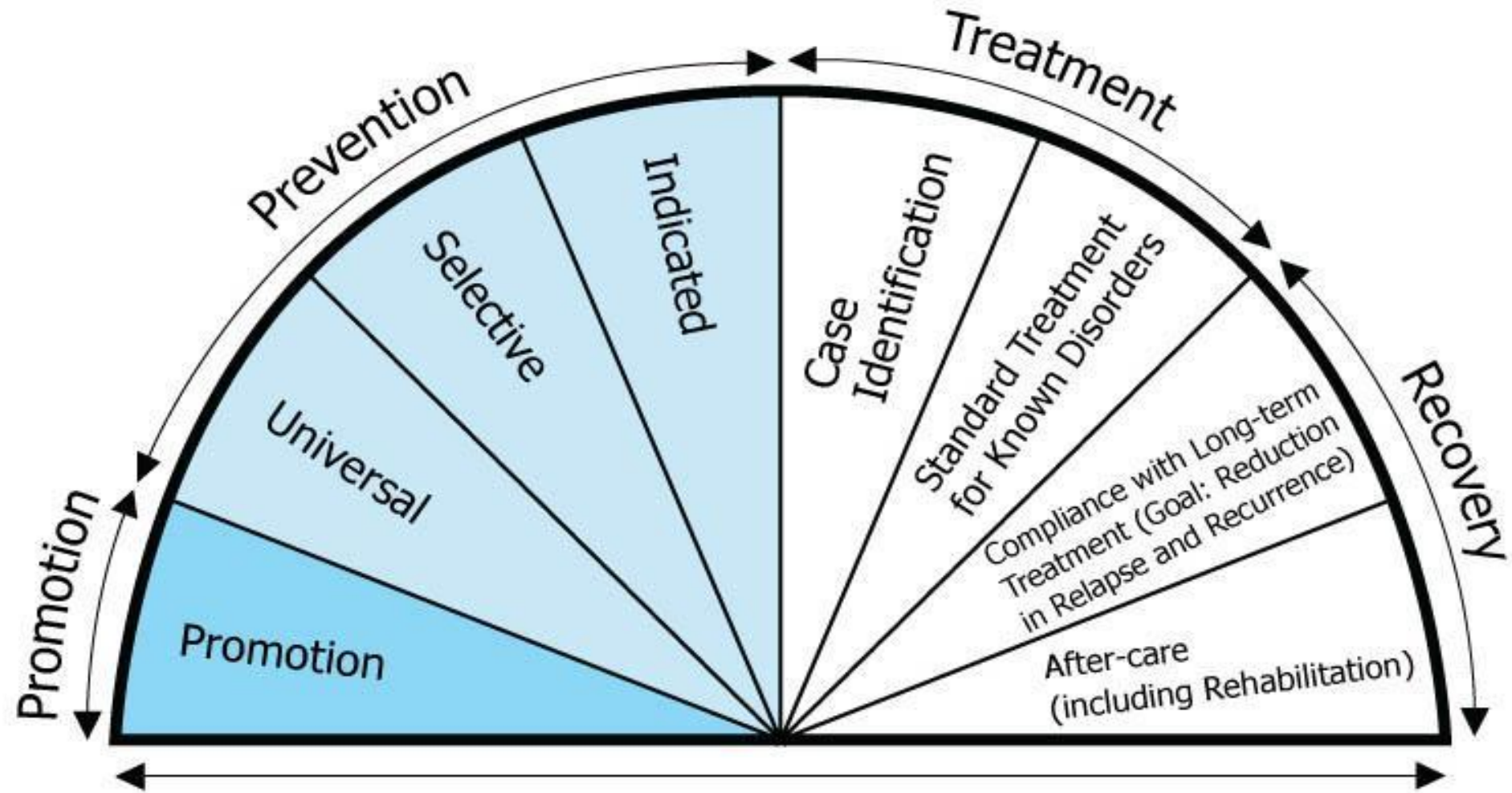


Substances Used for Injections Iowa



# Continuum of Care





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# Screening, Brief Intervention and Referral to Treatment (SBIRT), MI, Stages of Change

# SBIRT

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Screening, Brief Intervention, and Referral to treatment is an evidence-based strategy to help identify and address risky use of alcohol and other drugs.

SBIRT has been defined by SAMHSA as a comprehensive, integrated, public health approach to the delivery of early intervention for individuals with risky alcohol and drug use, and the timely referral to more intensive substance abuse treatment for those who have substance abuse disorders.

Iowa POMW funds are used to provide this training on SBIRT.

It is a key strategy in reducing the stigma associated with substance use disorders, by normalizing it as a medical condition. SBIRT is also key to increasing the access to treatment.

# SBIRT

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## Why is SBIRT important?

"Medical providers are routinely screening for chronic medical conditions such as diabetes, hypertension, and heart disease. Yet it has been a struggle to get us to screen for alcohol and drug use disorders. Why is that? The screening tools are simple and effective, the interventions especially if conditions are caught early, are effective."

**- Bery Engebretsen, MD**

**Chief Visionary**

**Primary Health Care, Inc.**

# What is SBIRT?

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- Screening: Universal screening for quickly assessing use and severity of alcohol; illicit drugs; and prescription drug use, misuse, and abuse
- Brief Intervention: Brief motivational and awareness-raising intervention given to risky or problematic substance users
- Referral to Treatment: Referrals to specialty care for patients with substance use disorders

# Universal Prescreening

Male	How many times in the past year have you had 5 or more drinks in a day?	None	1 or more
Female	How many times in the past year have you had 4 or more drinks in a day?	None	1 or more
Anyone over 65 years old	How many times in the past year have you had 4 or more drinks in a day?	None	1 or more

**Examples of drugs** may include:  
methamphetamines (speed, crystal); cannabis (marijuana, pot); inhalants (paint thinner, aerosols, glue); benzodiazepines (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms); narcotics (opioids); or synthetic cannabinoids (K2, spices) and cathinones (bath salts).

How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?	None	1 or more
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# AUDIT, DAST & other full screening

Name \_\_\_\_\_

## Alcohol Use Disorders Identification Test (AUDIT)

Drinking alcohol can affect your health and the medications you take. Please help us provide you with the best possible medical care by answering the questions below.



1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 to 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have four(women) five(men) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No	Yes, but not in the last year	Yes, in the last year		
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No	Yes, but not in the last year	Yes, in the last year		
	0	1	2	3	4

Staff Use

Score \_\_\_\_\_ Low Risk (Neg) 0 – 7 Risky (BI) 8 – 15 Harmful (BT) 16 – 19 Dependent (RT) 20+

Name \_\_\_\_\_

## Drug Abuse Screening Test (DAST-10)

Using drugs other than those required for medical reasons can affect your health and some medications you take. Please help us provide you with the best possible medical care by answering the questions below.

These questions refer to the past 12 months.

1. Have you used drugs other than those required for medical reasons?	Yes	No
2. Do you abuse more than one drug at a time?	Yes	No
3. Are you always able to stop using drugs when you want to?	Yes	No
4. Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5. Do you ever feel bad or guilty about your drug use?	Yes	No
6. Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7. Have you neglected your family because of your use of drugs?	Yes	No
8. Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	Yes	No

Staff Use

Score \_\_\_\_\_ Low Risk (Neg) 0 Risky (BI) 1 – 2 Harmful (BT) 3 – 5 Dependent (RT) 6+



# Additional options for screening tools

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## Opioid Specific:

- ORT: Opioid Risk Tool
- RIOSORD: Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression
- SOAPP-R: Screener and Opioid Assessment for Patients in Pain-Revised

## Other combined tools:

- UNCOPE: often used in juvenile corrections
- NIDA's TAPS (Tobacco, Alcohol, Prescription medications, and other Substance) Tool
- WHO's: ASSIST (Alcohol, Smoking and Substance Involvement Screening Test) v3.0
- 4 P's Plus
- 5 Ps: for pregnant and postpartum

# Effectiveness

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- 🔗 SBIRT is among the top 4 highest-ranking preventive services, based on health impact and cost effectiveness!
- 🔗 SBIRT is more effective than flu shots and cholesterol screening!

For more info about the effectiveness of SBIRT, visit [here](#), [here](#) or [here](#).

# SAMHSA results

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## Making a Measurable Difference

- Since 2003, SAMHSA has supported SBIRT programs, with more than 1.5 million persons screened.
- Outcome data confirm a 40 percent reduction in harmful use of alcohol by those drinking at risky levels and a 55 percent reduction in negative social consequences.
- Outcome data also demonstrate positive benefits for reduced illicit substance use.

Based on review of SBIRT GPRA data (2003–2011)

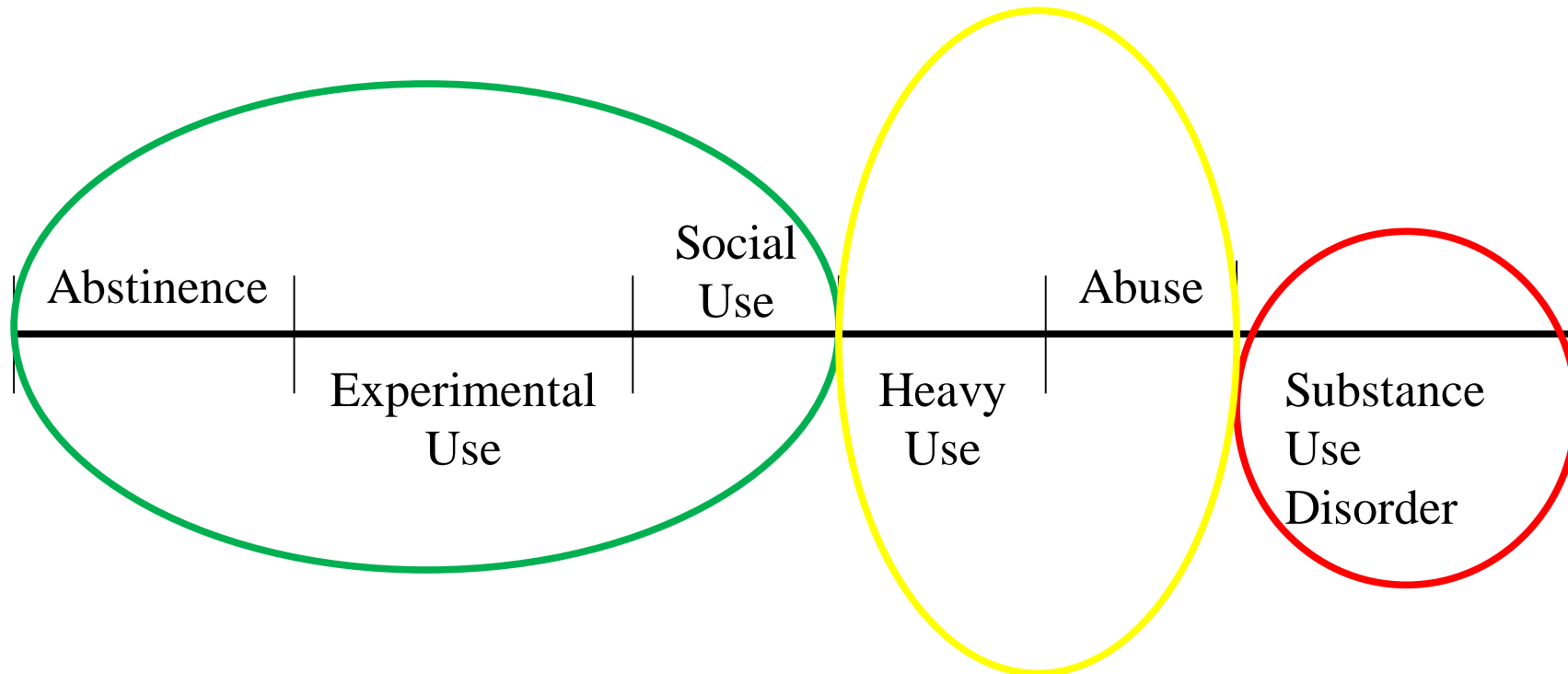
The study, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and published in the journal *Addiction*, found the following:

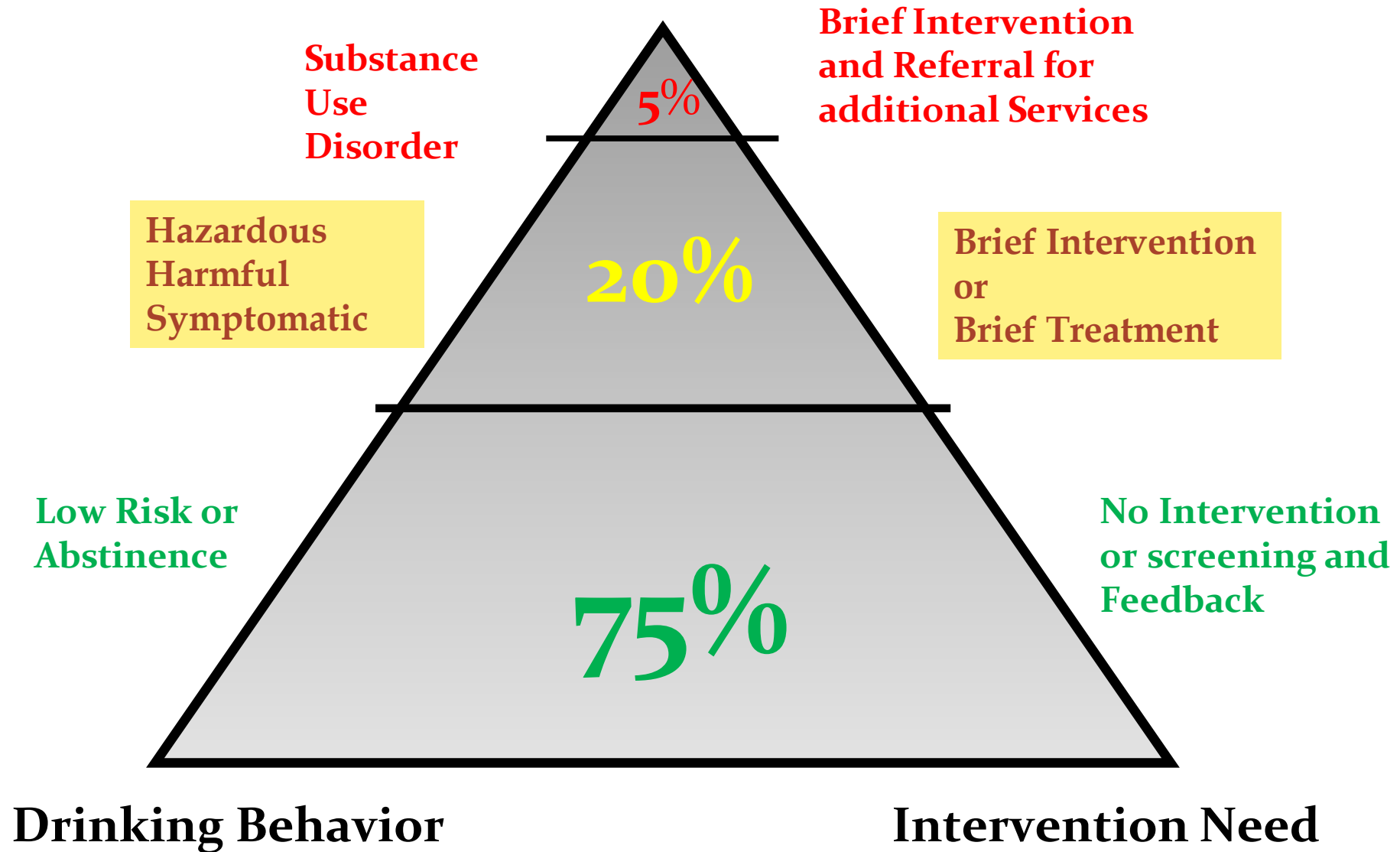
- SBIRT implementation was facilitated by committed leadership and the use of substance use specialists, rather than medical generalists, to deliver services.
- Greater intervention intensity was associated with larger decreases in substance use.
- Both brief intervention and brief treatment were associated with positive outcomes, but brief intervention was more cost-effective for most substances.
- Brief Intervention (BI) was shown to be primarily effective with alcohol abusers, and Brief Treatment (BT), which provides a more intensive level of care than BI, had a greater impact in reducing the frequency of illicit drug use.
- Regarding economic efficiency, BI was more cost-effective than BT.
- Flexibility is key: The authors attribute the large reach of the SBIRT programs in part to the variety of implementations available and the adaptability of program design.

# The SBIRT Model

## A Continuum of Substance Use

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# What are the costs?

- Unhealthy and unsafe alcohol and drug use are major preventable public health problems resulting in more than 100,000 deaths each year.
- The costs to society are more than \$600 billion annually. According to several conservative studies, every dollar invested in treatment programs yields a return of between \$4-\$7 in reduced drug related crime, criminal justice costs, and theft.
- Effects of unhealthy and unsafe alcohol and drug use have far-reaching implications for the individual, family, workplace, community, and the health care system.



## SBIRT was associated with lower healthcare costs and reduced ED readmissions.

SBIRT associated with 21% lower healthcare costs; translates to approximately \$2100 per patient per year.

30-day readmission rates decreased by 2 percentage points.

One-year readmission rates decreased by 7.1 percentage points.



### IMPLICATIONS

#### SBIRT is beneficial to:

**Patients**  
Fewer healthcare claims

**Payers**  
Lower healthcare costs

**Provider Team**  
Lower ED readmission rates can lead to cost savings.  
Team is empowered to know they are capable of inducing change.

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# Costs of OUD and Opioid Overdose Deaths



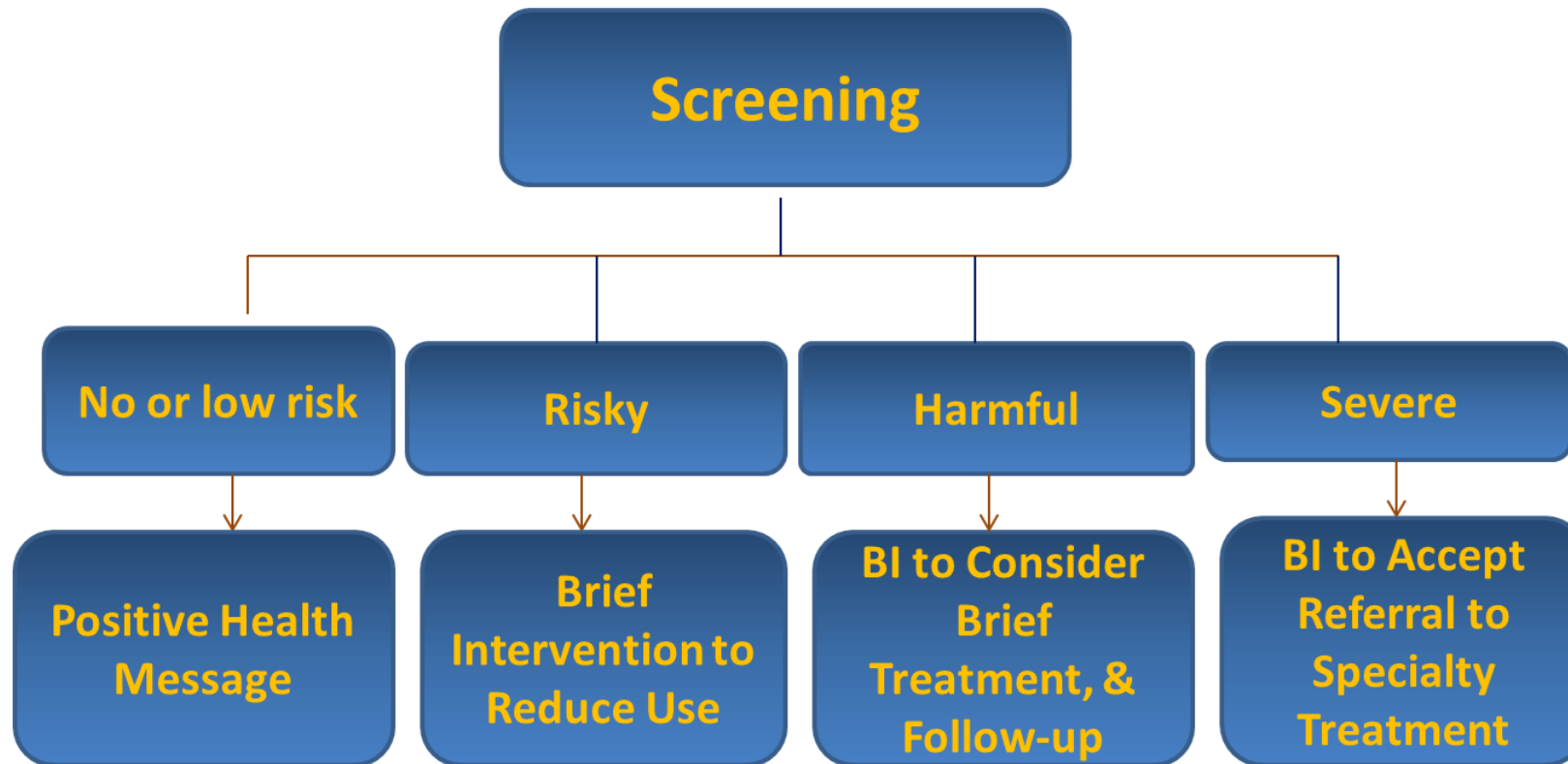
- Gathered from 2017 overdose death data from the [National Vital Statistics System](#)
- Past year OUD was estimated from [NSDUH](#)

# The Costs of Substance Use

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- 🔗 The bulk of the societal, personal, and health care related costs are not a result of addiction but of excessive substance use.
- 🔗 Until such time as we acknowledge this fact, and address it appropriately, we are unlikely to make significant progress towards a solution.

# Reviewing the SBIRT Process



# Brief Intervention

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A Brief Intervention or Brief Negotiated Interview is a time limited, individual educational session.

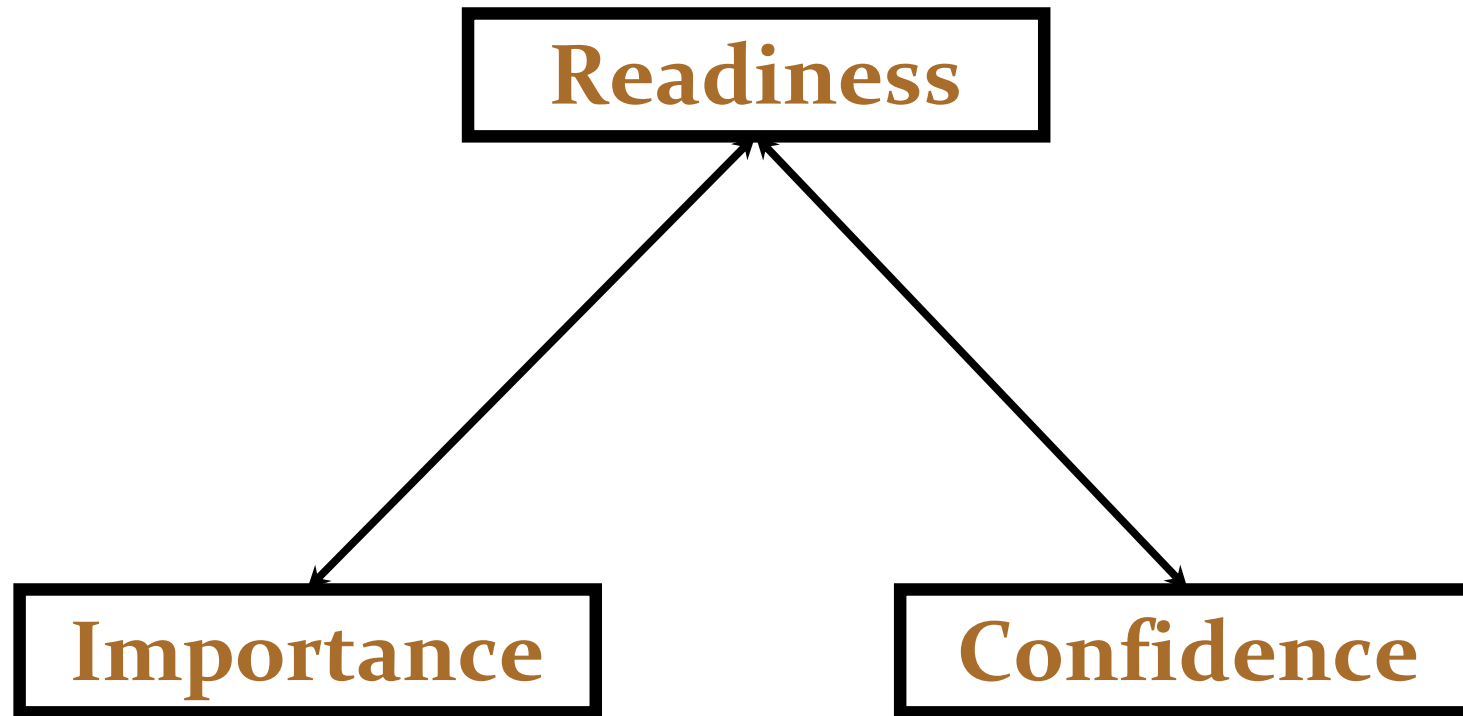
# Brief Intervention

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- Build the rapport/raise the subject.
- Inform the patient about safe consumption limits.
- Explore the pros and cons of use.
- Give feedback about screening results, impairment, and risks while clarifying the findings.
- Assess the patient's readiness to change.
- Negotiate goals and strategies for change (build readiness to change and negotiate a plan for change.)
- Arrange for follow up treatment (transition to referral to treatment if appropriate)

# The Keys to Readiness

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# Assessing Readiness

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## Basics of Stages of Change

- Multiple reasons why some are not ready to change (precontemplation) – denial, discouraged, overwhelmed, lack of resources
- Need to recognize and realize the advantages in order to move to contemplation
- Working on pros/cons over time can help to progress to contemplation
- Contemplation can last for a long time
- When putting together a concrete plan will move to next stage: preparation
- Key to getting to preparation is ‘transformation of an abstract idea into a belief’

# Assessing Readiness

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- Preparation often can be the briefest stage
- Action can be the most complicated as it often compiled of multiple steps
- Action is most noticeable by those on the outside even those change has been taking place.
- Maintenance is where the individual is thinking about how to make the changes long term (i.e. what strategies needs to be a part of recovery plan for it to continue?)
- Maintenance often includes other types of small changes to manage the long term sustainability

# Assessing Readiness - Limitations

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- Likely that individuals have cycled through stages of change many times
- Model doesn't completely take into consideration the advanced understanding of SUD as a brain disease (assumes you are physically or mentally capable of making the change)
- Assumes all goals are realistic (theory doesn't take into consideration SES and income)
- Difficult to judge progress; often need professional support to make lasting progress
- Lines between stages are arbitrary and can differ upon interpretation
- No single theoretical approach could address the complexities of behavioral change

# The Motivational Interviewing Shift

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From feeling responsible for changing patients' behavior to supporting them in thinking & talking about their own reasons and means for behavior change.

A core component of the SBIRT is Motivational Interviewing.  
SBIRT is based upon Motivational Interviewing principles.

Motivational Interviewing is an evidence based approach to behavior change. Visit [here](https://motivationalinterviewing.org/understanding-motivational-interviewing) for more info.

# Motivation

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- ☞ Motivation is not something one has but is something one does.
- ☞ Motivation is a key to change.
- ☞ Motivation is dynamic and fluctuates.
- ☞ Motivation can be influenced.
- ☞ Motivation can be modified.
- ☞ The clinician can elicit and enhance motivation.

# Why Motivation?

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- 🔗 Research has shown that motivation-enhancing approaches are associated with greater participation in treatment and positive treatment outcomes.

(Landry, 1996; Miller et al., 1995a)

- 🔗 A positive attitude and commitment to change are also associated with positive outcomes.

(Miller and Tonigan, 1996)

(Prochaska and DiClemente, 1992)

# Use Tools/Resources

## LOW-RISK DRINKING LIMITS

Source: National Institutes of Health

MEN 18-65



No more than:  
**≤ 4 drinks per day**  
AND no more than:  
**≤ 14 drinks per week**

WOMEN 18-65\*



No more than:  
**≤ 3 drinks per day**  
AND no more than:  
**≤ 7 drinks per week**

AGE 66+

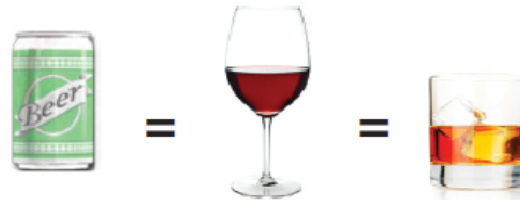


No more than:  
**≤ 3 drinks per day**  
AND no more than:  
**≤ 7 drinks per week**

\*Women who are pregnant or breastfeeding should not drink.

## ALCOHOL RISK CALCULATOR

WHAT COUNTS AS A DRINK?

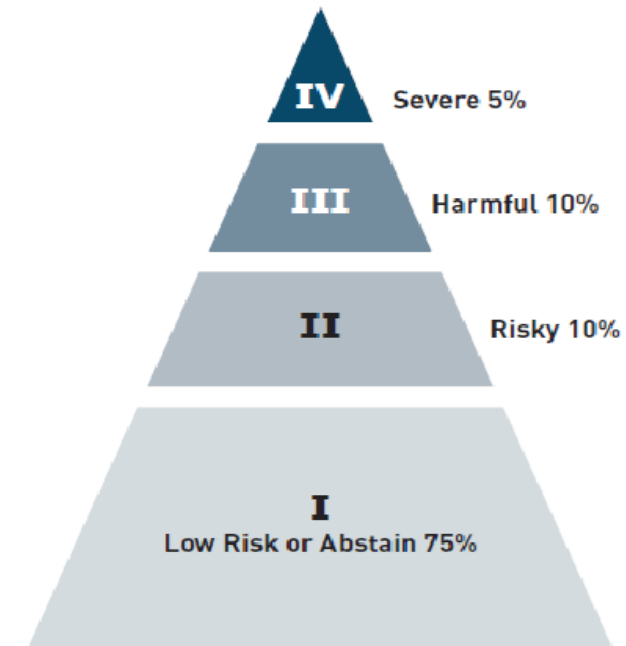


A drink is:

One 12-ounce can of beer  
One 5-ounce glass of wine  
One shot of hard liquor (1½ ounces)

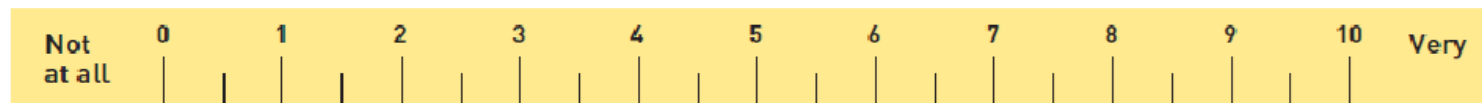
## RISK LEVEL PYRAMID

For Alcohol Use



Adapted from World Health Organization

Mid-America (HHS Region 7)  
**ATTC**  
Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration





# Referral to Treatment

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- Approximately 5% of clients screened will require referral to substance use evaluation and treatment.
- A patient may be appropriate for referral when:
  - Assessment of the patient's responses to the screening reveals serious medical, social, legal, or interpersonal consequences associated with their substance use.

These high risk clients will receive a brief intervention followed by referral.

# Prepare Individual for Referral

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- 🗣️ Ask the client to share his/her worries or what they imagine treatment will be like.
- 🗣️ Provide factual information, know about the resources and who they are.
- 🗣️ Ask the client to “look ahead” and identify any potential obstacles or roadblocks.
- 🗣️ Remind the client that he/she has choice. If one program doesn't fit, try another.

# Process: Referral to Treatment

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## ☞ Always:

- ☞ Follow appropriate confidentiality (42, CFR-Part 2) and HIPAA regulations when sharing information.
- ☞ Establish a relationship with your community provider(s) and ensure you have a referral agreement.
- ☞ Maintain a list of providers, support services, and other information that may be helpful to patients.
- ☞ Reduce barriers and build bridges.

For information about billing/reimbursement: 1. [CMS SBIRT](#) or 2. [Iowa DHS](#)

## Components of Comprehensive Drug Addiction Treatment



*The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.*

For many people, the most effective behavioral health approach involves a combination of counseling and medication. Early treatment is best. A trained professional should do a full evaluation to make the diagnosis. No single treatment works best. Treatments must address each person's needs and symptoms.

# Resources

**HAVE YOU BEEN  
PRESCRIBED AN  
OPIOID MEDICATION  
FOR PAIN?  
HERE IS WHAT YOU  
SHOULD KNOW!**



## Opioid Overdose Recognition and Response







**THE MOST PAINFUL PART  
OF ANN'S SURGERY**

**WAS WHEN HER SON  
GOT INTO HER PILLS.**

What if you came home and found that your kids got into your painkillers? With naloxone, an overdose can be temporarily reversed until they get to the emergency room. Visit our website for info, treatment and support.

**WE'RE YOUR EVERYDAY LIFE SUPPORT.**

[YourLifeIowa.org](http://YourLifeIowa.org) 1.855.581.8111



**RICK'S PAIN  
WENT AWAY.**

**HIS NEED FOR  
PAIN PILLS DIDN'T.**

In fact, opioids are so addicting, they might lead to something worse. Four out of five new heroin users started out on prescription opioids. That's right, Heroin. Visit our website for info, treatment and support.

**WE'RE YOUR EVERYDAY LIFE SUPPORT.**

[YourLifeIowa.org](http://YourLifeIowa.org) 1.855.581.8111



**TAMI'S OPIOIDS  
CONTROLLED HER PAIN.**

**THEN THEY STARTED  
TO CONTROL HER.**

Opioid addiction is so powerful, it can lead you to do things you can't even imagine. In fact, four out of five new heroin users started out on prescription opioids. Visit our website for info, treatment and support.

**WE'RE YOUR EVERYDAY LIFE SUPPORT.**

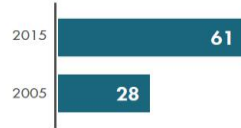
[YourLifeIowa.org](http://YourLifeIowa.org) 1.855.581.8111

# You can help stop the OPIOID EPIDEMIC in Iowa communities.

## Understand the scope of the problem in Iowa



**Treatment admissions** rose 312% among Iowans identifying opioids as their drug of choice from 2005–2015.<sup>1</sup>



Among Iowans, opioid **overdose deaths** more than doubled in the past decade.<sup>1</sup>



1.7 physicians per 100,000 residents

**Iowa has the fewest** buprenorphine-waivered physicians in the U.S.<sup>2</sup>

“There’s no other way to say it...Iowa needs more clinicians trained to use buprenorphine to help treat opioid addiction. By becoming trained in the use of buprenorphine (buprenorphine-waivered), we have increased our opportunity to make a significant difference in improving the lives of Iowans with an opioid use disorder and the communities in which they live.”

Patricia Quinlisk, MD, MPH, Medical Director/State Epidemiologist, Iowa Department of Public Health

## You are not alone. Get trained. Get support.



**Need a waiver?**  
[Get training to obtain your waiver](#)



**Have your waiver?**  
[Obtain additional training materials and resources](#)



[Sign up](#) for mentoring or ask a colleague a question



Sign up for the [SAMHSA Buprenorphine Physician Locator](#)

<sup>1</sup> <https://idph.iowa.gov/Portals/1/userfiles/52/Iowa%20Opioid%20Fact%20Sheet%20-%20August%202016.pdf>

<sup>2</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4495082>

## More information

- [For physicians](#)
- [For researchers](#)
- [For pharmacists](#)
- [For patients and the public](#)
- [For nurse practitioners and physician assistants](#)



# IOWA'S GOOD SAMARITAN LAW PROTECTS YOU

**DON'T RUN  
CALL 911!**  
**IF YOU WITNESS A  
DRUG OVERDOSE**



GENERALLY, YOU **CANNOT** BE ARRESTED,  
CHARGED OR PROSECUTED FOR:

- ✓ Possession of a controlled, dangerous substance
- ✓ Possession or use of drug paraphernalia, and
- ✓ Calling 911 **WILL NOT** affect your parole or probation status

Iowa's law does not protect against arrest for open warrants and crimes not listed above.  
For additional details regarding Iowa's Good Samaritan Law, see Iowa Code Section 124.418.



September 2018

FOR MORE INFORMATION VISIT  
**YourLifelowa.org**

Thanks to Maryland Department of Health

# IOWA: GOOD SAMARITAN LAW

*THE GOOD SAMARITAN LAW  
ENCOURAGES THOSE WHO  
WITNESS A DRUG OVERDOSE  
TO STAY AND CALL 911,  
RATHER THAN LEAVING OUT  
OF FEAR.*

<https://www.youtube.com/watch?v=GWEflaxPC50&feature=youtu.be>





# METH

GLASS ICE  
CHALK CRANK  
TWEAK CRYSTAL

From 2014-2017, there was a **38% INCREASE** in methamphetamine treatment admissions in **IOWA**

**BEFORE YOU RISK IT**

**GET THE FACTS** Meth causes brain changes that make it difficult to stop using.

**KNOW THE RISKS** Meth use can cause a "crash" after the effects wear off. Meth use can cause long-lasting damage to the brain. Meth users who inject drugs and share needles are at risk for acquiring HIV and hepatitis.

**1,713,000** persons in the U.S. aged 12 years or older reported using methamphetamine

**FIND HELP NEAR YOU**  
Call (855) 582-8111. Text (855) 895-8398

**Increase in Iowa's Methamphetamine Treatment Admissions Since 2014**

AGE	15-24	5.5%	1,100 admissions in 2017
	25-44	46.3%	5,400 admissions in 2017
	45-64	41.8%	1,100 admissions in 2017
GENDER	Female	40.8%	3,600 admissions in 2017
	Male	35.5%	4,100 admissions in 2017

High doses can elevate body temperature to dangerous, sometimes lethal, levels and cause convulsions and even cardiovascular collapse and death. Meth use may also cause extreme anorexia, memory loss and severe dental problems.

The use of methamphetamine during pregnancy carries significant risks. Research shows increased rates of premature delivery and placental abruption. Effects on babies include small size, lethargy, and heart and brain abnormalities.

**IOWA**  
Substance Abuse Brief  
IOWA DEPARTMENT OF PUBLIC HEALTH  
JUNE 2018 • ISSUE 6

**Methamphetamine-Related Treatment Admissions**

The rate of methamphetamine-related treatment admissions in Iowa has nearly doubled since 2012. In 2016, more than 6,900 Iowans were admitted for methamphetamine use treatment. The rate of methamphetamine-related treatment admissions increased from 183.4 per 100,000 population in 2012 to 273.9 in 2016 (Figure 1). People aged 25 to 44 had the highest rates of methamphetamine-related treatment admissions compared to other age groups. Rates were higher for males than females and the increase from 2012 to 2016 was similar for both sexes. For males, the rate increased from 195 per 100,000 population in 2012 to 288 in 2016; and for females, the rate increased from 172 per 100,000 population in 2012 to 260 in 2016 (Figure 1).

**Increase in Methamphetamine Use by Iowans**

Methamphetamine is a powerful stimulant that is chemically similar to amphetamine. According to the National Institute on Drug Abuse (2017), methamphetamine most commonly comes in the form of a white, odorless, bitter-tasting crystalline powder that easily dissolves in water or alcohol. Methamphetamine is often taken orally, smoked, snorted, dissolved in water or alcohol, or injected. This data brief provides estimates, information, and trends on methamphetamine use among Iowa youth and adults. The information is drawn from available data on emergency department visits, hospitalizations, and substance use disorder treatment admissions, and from youth survey data.

**Key Findings**

- From 2012 through 2016, the rate for methamphetamine-related treatment admissions nearly doubled from 183 treatment admissions per 100,000 in 2012 to 274 in 2016 (Figure 1).
- From 2012 to 2016, men (53 percent) and women (47 percent) were admitted at similar and increasing rates for methamphetamine treatment (Figure 1).
- Adults aged 25 to 44 had the highest rates of methamphetamine-related treatment admissions (Figure 1).
- Iowa youth report using methamphetamine at rates near zero (1 percent or less state wide for all grades on the last several Iowa Youth Surveys). This is despite declining perceptions of risk (Figure 3). Youth also reported difficulty in accessing methamphetamine (Figure 4).
- In 2016, the rate of amphetamine-related hospitalizations was 5.9 per 100,000 population for people aged 25 to 44 and 2.5

**Methamphetamine Treatment Admission**

Figure 1: Rate of Methamphetamine-Related Treatment Admissions, by Age and Sex, IDPH, 2012-2016

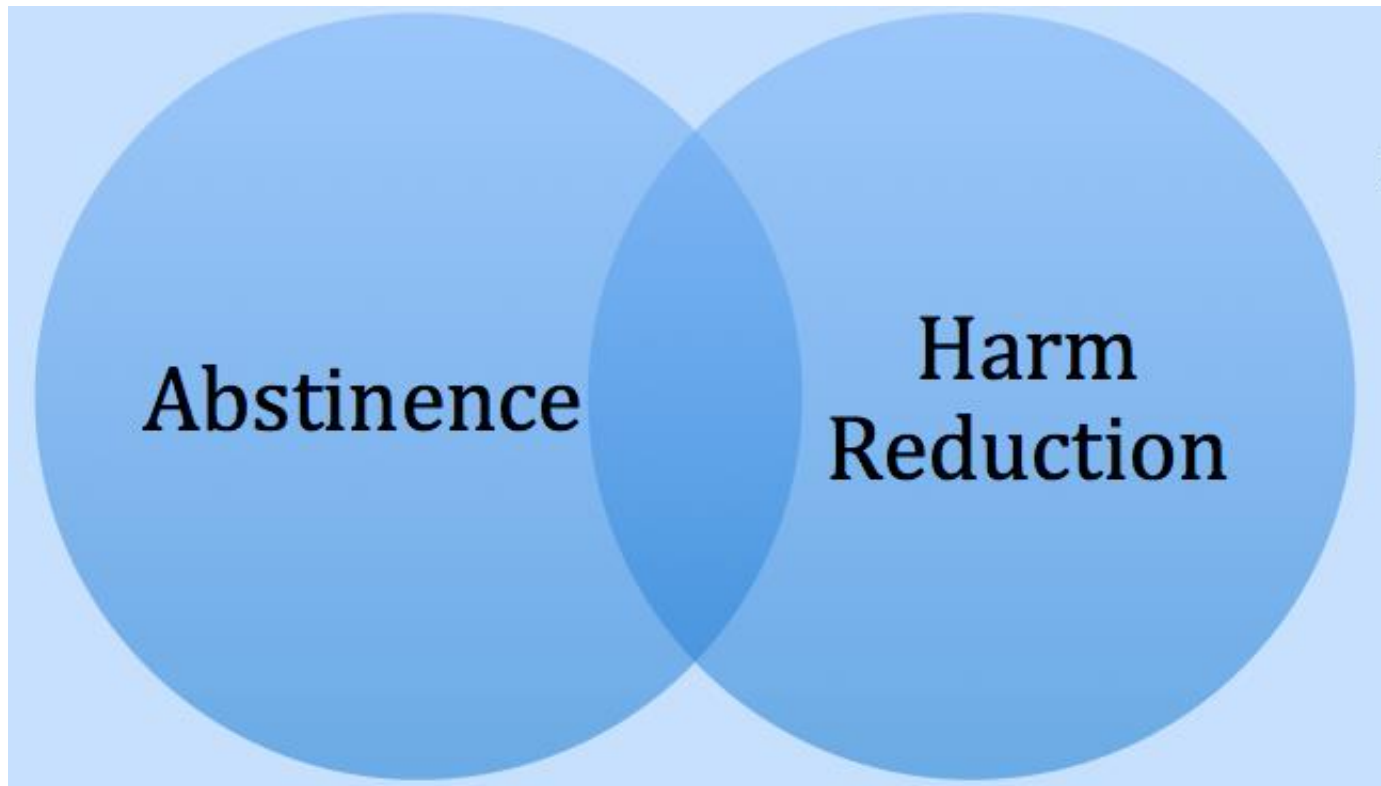
Figure 2 maps the average annual rates for methamphetamine-related treatment admissions by Iowa county. County rates varied greatly, from 27.1 per 100,000 population in Cedar County to 613.4 in Wapello County. The five counties with the lowest rates of methamphetamine-related treatment admissions include Cedar (27.1 per 100,000 population), Johnson (28.5), Lyon (30.6), Ringgold (43.5) and Scott (46.6). The five counties with the highest rates include Wapello (613.4 per 100,000 population), Webster (594.8), Montgomery (450.8), Cerro Gordo (413.3) and Appanoose (412.6).

**Methamphetamine treatment admissions in Iowa have doubled since 2012.**

# HARM REDUCTION

*Harm reduction refers to strategies directed toward individuals or groups that ultimately aim to reduce the harms and risks associated with some behaviors.*

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“Let’s not have perfect or ideal circumstances be the enemy of the good.”

Robert Heimer, PhD  
Yale University  
Epidemiology and Public Health



# HARM REDUCTION EVERY DAY



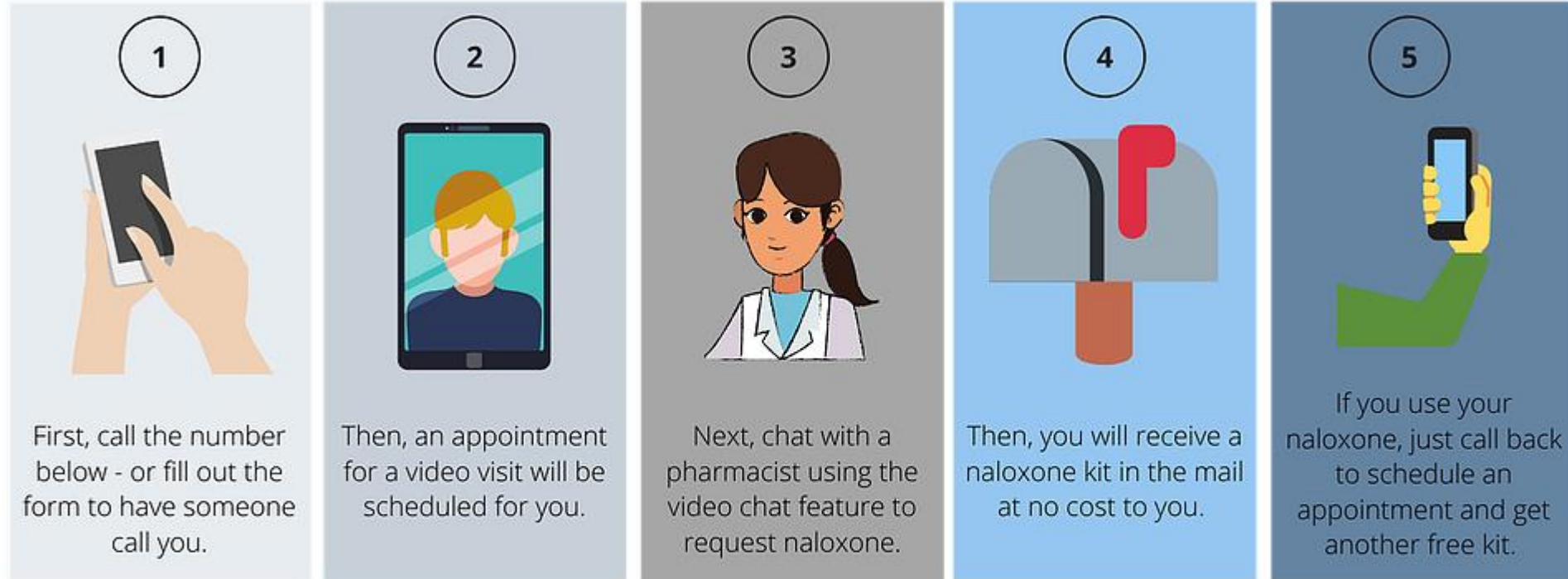


**More than 3 in 5 people who died from drug overdose had an identified opportunity for linkage to care or life-saving actions.**

# TELE-NALOXONE

- [www.naloxoneiowa.org/telenaloxone](http://www.naloxoneiowa.org/telenaloxone)
- Launched in December 2019
- Provides FREE naloxone to individuals who request it via a visit with a pharmacist on their mobile device
- Is NOT a crisis line, in emergencies, always call 911
- Partnership with IDPH SOR funds and Univ. of Iowa Pharmacy

# How does it work?

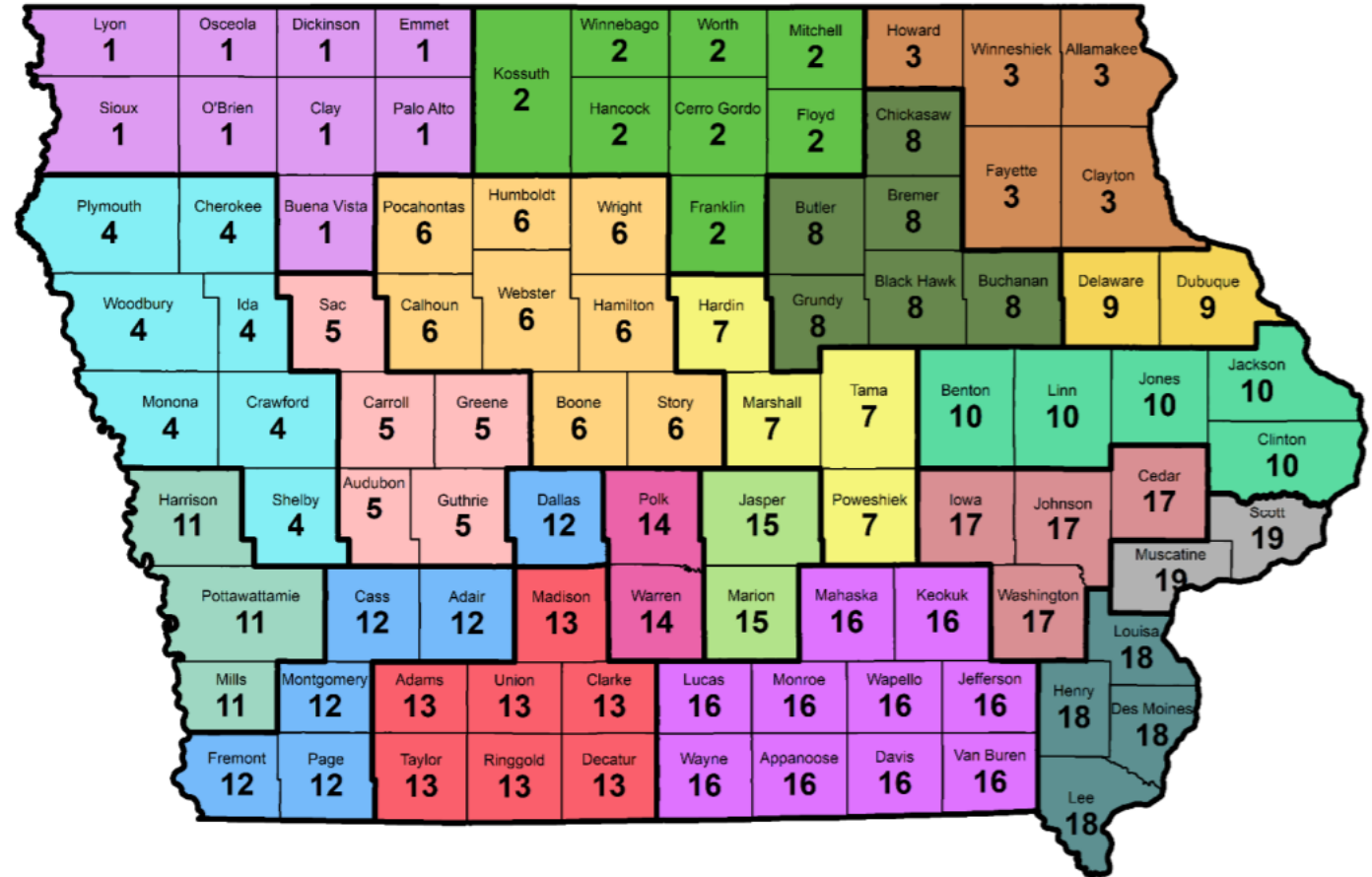


Remember, this service is always free to you and your participation is confidential. Your insurance will not be billed for your visit or your naloxone. This is possible with support from the Iowa Department of Public Health.

# DID YOU KNOW?

IDPH-funded SUD Treatment services are available across the entire state: [click here](#)

Integrated Provider Network (IPN) Service Area Map and Contractors  
Substance Use and Problem Gambling Services\*





Service Area	Contractor	Service Area	Contractor
1	<a href="#">Jackson Recovery Centers, Inc.</a> , Spencer Phone: 800-472-9018	13	<a href="#">Crossroads Behavioral Health Services</a> , Creston (4) Phone: 641-782-8457
2	<a href="#">Prairie Ridge Integrated Behavioral Healthcare</a> , Mason City (1) Phone: 866-429-2391	14	<a href="#">Broadlawns Medical Center</a> , Des Moines Phone: 515-282-6610
3	<a href="#">Northeast Iowa Behavioral Health</a> , Decorah (4) Phone: 800-400-8923		House of Mercy, Des Moines (1,3) Phone: 515-643-6500
4	<a href="#">Jackson Recovery Centers, Inc.</a> , Sioux City (1, 2, 3) Phone: 800-472-9018		<a href="#">Prelude Behavioral Services</a> , Des Moines (1) Phone: 515-262-0349
5	<a href="#">Community Opportunities DBA New Opportunities</a> , Carroll Phone: 712-792-9266		<a href="#">UCS Healthcare</a> , Des Moines (4) Phone: 515-280-3860
6	<a href="#">Community and Family Resources (CFR)</a> , Fort Dodge (1, 2, 4) Phone: 866-801-0085	15	House of Mercy, Newton Phone: 641-792-0717
7	<a href="#">Substance Abuse Treatment Unit of Central Iowa</a> , Marshalltown Phone: 641-752-5421		<a href="#">UCS Healthcare</a> , Knoxville Phone: 515-280 -3860
8	<a href="#">Pathways Behavioral Services, Inc.</a> , Waterloo (1, 4) Phone: 319-235-6571	16	<a href="#">Southern Iowa Economic Development Association (SIEDA)</a> , Ottumwa (4) Phone: 800-622-8340
9	<a href="#">Substance Abuse Services Center (SASC)</a> , Dubuque Phone: 563-582-3784	17	<a href="#">Prelude Behavioral Services</a> , Iowa City (1) Phone: 319-351-4357
10	<a href="#">Area Substance Abuse Council, Inc. (ASAC)</a> , Cedar Rapids (1, 2, 3, 4) Phone: 319-390-4611	18	<a href="#">Alcohol &amp; Drug Dependency Services (ADDS)</a> , Burlington (1, 4) Phone: 319-753-6567
11	<a href="#">Heartland Family Service</a> , Council Bluffs (1, 3) Phone: 712-322-1407	19	<a href="#">Center for Alcohol &amp; Drug Services, Inc. (CADS)</a> , Davenport (1) Phone: 563-322-2667
12	<a href="#">Zion Recovery Services, Inc.</a> , Atlantic (1), Phone: 712-243-5091		<a href="#">Robert Young Center</a> , Muscatine, Phone: 563-264-9409 (4)
Additional Specialized Treatment Statewide Services (1) Adult Residential Treatment (2) Juvenile Residential Treatment (3) Women and Children Treatment (4) Methadone Treatment			

\*The IPN contractors (providers) are funded by IDPH to provide substance use and problem gambling services to eligible Iowans. For more information about the providers listed, click on the provider name or call the phone numbers listed. For more information about other treatment and prevention programs, visit <http://www.yourlifeiowa.org/finder>. January 2020

# yourlifeiowa.org



## Find Help Near You - Advanced Finder

Finder Advanced Finder

Please choose from the options below (*Type of Agency, Type of Services, Medication Assisted Treatment Type - IDPH Licensed providers, or More Search Options*) and then click on **Search** to help assist in finding the best match for the needed services. The map will then return the providers offering the selected options.

[Click here](#) to find primary care practitioners offering **Medication Assisted Treatment** in Iowa.

Click on **Reset** to start a new search.

**For immediate assistance, please click on [Live Chat](#), call (855) 581-8111, or text (855) 895-8398.**

### Type of Agency:

- ☐ Alcohol/Drug Treatment
- ☐ Problem Gambling Treatment
- ☐ Drinking Driver Education Class
- ☐ Prevention

### Types of Services:

- ☐ Outpatient
- ☐ Residential
- ☐ Fee Assistance (State Funded)

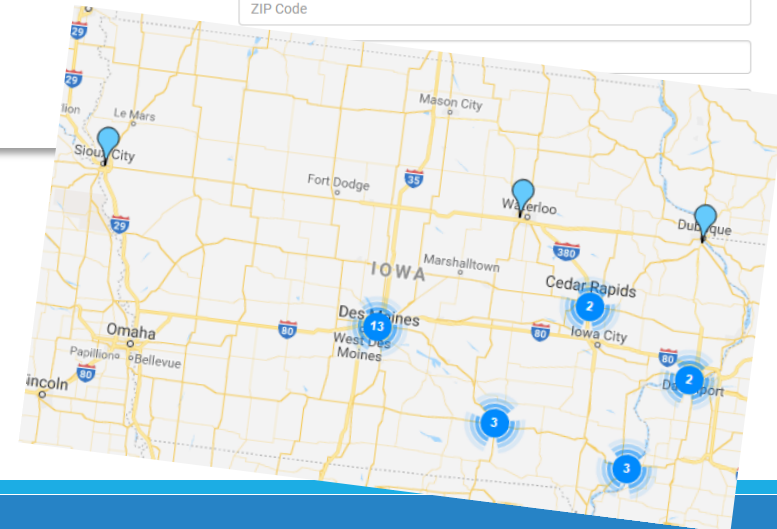
### Medication Assisted Treatment:

- ☒ Medication Assisted Treatment: Buprenorphine
- ☒ Medication Assisted Treatment: Methadone
- ☒ Medication Assisted Treatment: Other

### More Search Options:

Facility Name

ZIP Code



# yourlifeiowa.org



Supporting your life.

**2 4 / 7**

**IDPH**  
Iowa Department of Public Health

YourLifeIowa.org / 855.581.8111

YourLifeIowa.org  
855.581.8111 CALL 855.895.8398 TEXT

WE'RE YOUR EVERYDAY LIFE SUPPORT.

**IDPH**  
Iowa Department of Public Health  
Your Life Iowa

FIND SUPPORT 24/7  
for problems with  
alcohol, drugs, gambling  
and suicidal thoughts.

# SBIRT Resources

SAMHSA SBIRT page

<https://www.integration.samhsa.gov/clinical-practice/sbirt>

SBIRT trainings through UMKC

<http://www.sbirt.care/training.aspx>

SBIRT trainings: Institute for Research, Education & Training in Addictions

<https://ireta.org/resources/sbirt-for-adolescents-2/>

SBIRT for adolescents

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3602212/> (research)

[https://www.integration.samhsa.gov/Adolescent\\_Alcohol\\_Use\\_Webinar\\_FINAL.pdf](https://www.integration.samhsa.gov/Adolescent_Alcohol_Use_Webinar_FINAL.pdf)

SBIRT Toolkit for Providers (focused on primary care but helpful to understand the approach and implementation)

[https://www.mcmap.com/pdf/SBIRTWorkbook\\_A.pdf](https://www.mcmap.com/pdf/SBIRTWorkbook_A.pdf)

<https://www.masbirt.org/sites/www.masbirt.org/files/documents/toolkit.pdf>

If you have additional funds there are SBI with adolescents virtual simulations through Kognito

[https://my.ireta.org/sites/ireta.org/files/Kognito\\_IRETA\\_WebinarFinal%20\(1\).pdf](https://my.ireta.org/sites/ireta.org/files/Kognito_IRETA_WebinarFinal%20(1).pdf)

<https://kognito.com/products/sbi-with-adolescents>  
[https://kognito.com/wp-content/uploads/Health\\_ProductSheet\\_SBIRT.pdf](https://kognito.com/wp-content/uploads/Health_ProductSheet_SBIRT.pdf)



# Opioid & Other Resources

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U.S. Department of Health and Human Services Opioid page  
<https://www.hhs.gov/opioids/>

National Institute on Drug Abuse Naloxone page  
<https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio>

National Institute on Drug Abuse Treatment Approaches page  
<https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction>

SAMHSA Treatment page  
<https://www.samhsa.gov/find-treatment>

OTP Directory  
<https://dpt2.samhsa.gov/treatment/>

Mid-America (HHS Regional 7) Addiction Technology Transfer Center

Network  
<https://attcnetwork.org/centers/mid-america-attc/region-7-sud-treatment-policy-research-and-resources>

<https://attcnetwork.org/centers/global-attc/taking-action-address-opioid-misuse>

Syringe Services Program: [https://www.cdc.gov/ssp/docs/SSP-Infographic\\_print.pdf](https://www.cdc.gov/ssp/docs/SSP-Infographic_print.pdf)

## State Resources:

- 📞 [YourLifeIowa.org](#) (crisis hotline)
- 📞 [IDPH Bureau of Substance Abuse](#) (data requests, brochures, materials, posters, grants, resources, training)
- 📞 [Iowa Opioid Impacts and Solutions](#)
- 📞 [Governor's Office of Drug Control Policy](#)
- 📞 [Iowa Harm Reduction Coalition](#)

# Opioid Update

## Division of Behavioral Health Newsletter

# Questions?

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# Thank you for your time!

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Jennifer Robertson-Hill, LMHC PIPBHC-  
POMW  
Project Director  
515-725-1053  
[jennifer.robertson@idph.iowa.gov](mailto:jennifer.robertson@idph.iowa.gov)